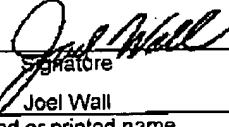


PTO/SB/22 (12-04)

Approved for use through 7/31/2006. OMB 0651-0031

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| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b><br><b>FY 2005</b><br><small>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</small>  |          | Docket Number (Optional)<br>02-1006 |                    |  |     |                  |  |   |       |      |           |   |       |       |    |   |        |       |    |  |        |       |    |  |        |        |    |
|--|----------|-------------------------------------|--------------------|--|-----|------------------|--|---|-------|------|-----------|---|-------|-------|----|---|--------|-------|----|--|--------|-------|----|--|--------|--------|----|
| Application Number<br>10/671,413   |          | Filed                               | September 25, 2003 |  |     |                  |  |   |       |      |           |   |       |       |    |   |        |       |    |  |        |       |    |  |        |        |    |
| For AN AUTOMATED TELEPHONE ATTENDANT   |          |                                     |                    |  |     |                  |  |   |       |      |           |   |       |       |    |   |        |       |    |  |        |       |    |  |        |        |    |
| Art Unit<br>2642   | Examiner | W. J. Deane                         |                    |  |     |                  |  |   |       |      |           |   |       |       |    |   |        |       |    |  |        |       |    |  |        |        |    |
| <p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):</p> <table> <thead> <tr> <th></th> <th>Fee</th> <th>Small Entity Fee</th> <th></th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))</td> <td>\$120</td> <td>\$60</td> <td>\$ 120.00</td> </tr> <tr> <td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td> <td>\$450</td> <td>\$225</td> <td>\$</td> </tr> <tr> <td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td> <td>\$1020</td> <td>\$510</td> <td>\$</td> </tr> <tr> <td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td> <td>\$1590</td> <td>\$795</td> <td>\$</td> </tr> <tr> <td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td> <td>\$2160</td> <td>\$1080</td> <td>\$</td> </tr> </tbody> </table> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>07-2347</u>. I have enclosed a duplicate copy of this sheet.</p> |          |                                     |                    |  | Fee | Small Entity Fee |  | <input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$120 | \$60 | \$ 120.00 | <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$450 | \$225 | \$ | <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$1020 | \$510 | \$ | <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$1590 | \$795 | \$ | <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$2160 | \$1080 | \$ |
|  | Fee      | Small Entity Fee                    |                    |  |     |                  |  |   |       |      |           |   |       |       |    |   |        |       |    |  |        |       |    |  |        |        |    |
| <input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))  | \$120    | \$60                                | \$ 120.00          |  |     |                  |  |   |       |      |           |   |       |       |    |   |        |       |    |  |        |       |    |  |        |        |    |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2))  | \$450    | \$225                               | \$                 |  |     |                  |  |   |       |      |           |   |       |       |    |   |        |       |    |  |        |       |    |  |        |        |    |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3))  | \$1020   | \$510                               | \$                 |  |     |                  |  |   |       |      |           |   |       |       |    |   |        |       |    |  |        |       |    |  |        |        |    |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))   | \$1590   | \$795                               | \$                 |  |     |                  |  |   |       |      |           |   |       |       |    |   |        |       |    |  |        |       |    |  |        |        |    |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))   | \$2160   | \$1080                              | \$                 |  |     |                  |  |   |       |      |           |   |       |       |    |   |        |       |    |  |        |       |    |  |        |        |    |
| <p>I am the <input type="checkbox"/> applicant/inventor.</p> <p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.<br/>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p> <p><input type="checkbox"/> attorney or agent of record. Registration Number _____</p> <p><input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34.<br/>Registration number if acting under 37 CFR 1.34 <u>25,648</u></p> <p><br/>Signature</p> <p><u>Joel Wall</u><br/>Typed or printed name</p> <p><u>April 3, 2008</u><br/>Date</p> <p><u>(972) 718-4800</u><br/>Telephone Number</p>  |          |                                     |                    |  |     |                  |  |   |       |      |           |   |       |       |    |   |        |       |    |  |        |       |    |  |        |        |    |
| <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. see below.</p> <p><input type="checkbox"/> Total of <u>1</u> forms are submitted.</p>  |          |                                     |                    |  |     |                  |  |   |       |      |           |   |       |       |    |   |        |       |    |  |        |       |    |  |        |        |    |

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